Central/EPA

March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

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*EPA ID Number PAD9873957									CIN	<u> </u>				
<u> </u>	Handler Name Aquatech International													
Street	1 F	our Co	oins D	r.			I							
City		าดทรbเ					State	PA		Zip C	ode	15317		
	Actual Generator Status Check only if different from Notified Status. LQG SQG CESQG Closed Non-Handler													
	Universe Change Required? (Generator Status Change Required) YES NO If YES, complete the Universe Change Section (on reverse side of this form).													
RCRA Non-Notifier? YES NO If YES, complete the Handler Section (on reverse side of this form).														
Other Fac	ility	Inform	ation	Cha	nges? Y	ÆS [NO	If YES,				<u> </u>	ide of this form).	
*EVALUA	TIO	N	\boxtimes	٩dd	□ U	pdat	е [Delete				de an Evalu equence N	uation Identifier (also umber).)
*Evaluati		*Ту	pe		*Evaluatio (mm/d			*Agen	су		ponsib Person	le	Suborganization	
Identifie	7	CE	ΞΙ			2007		S			ASTS	[
SNY, and S CSE, FUI, a	Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero. Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.													
		N	otes:					No	Violations	noted				
					Eva	luatio	n Indicate	or Field (Ch	eck all that	apply)				
	_ c	itizen C	Compla	int	☐ Mu	Itimed	dia Inspe	ction	☐ Sam	pling		Not Subti	tle C	
	-124							Usa Only 4		: T	• ECI)			
				Г	ocusea Co	verag		Use Only fi tion-Specific		юп тур	e roi)			
	BIF		CCI		CFI		INC [] LDR	☐ PTB		PTX			
	TH	I 🗆	UIC		UOI		JWR [ER (specif	y):		<u>-</u>		
	CAR	,	CPC		DOS		Routine/	Standardize] IEI	d FCI ☐ ISI	П	RTI	П		
	CAN	· ⊔	010		500			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1711			
Does this	Eval	uation	Add/l	Jpda	te/Delete	a Vio	lation?	YES 🗌	NO 🛛		s, fill in to s form.	he Violations	Section(s) on page 2	
Does this	Evalı	uation	link to	a C	ommitme	nt?		YES 🗌	№ 🛛			use the RCF Requests and	RAInfo 3007 Commitments Form.	
Does this	Evalu	uation	link to	а 3	007 Requ	est?		YES 🗌	ио ⊠			use the RCF equests and	RAInfo 3007 Commitments Form.	
OUTSTAN	DING	VIOL	ATION	IS C	OVERED	BY A	BOVE E	VALUATIO	N? YES] NO[\boxtimes If	Yes, fill in	information below.	
*Seq. No.		*Viola	ition T	/pe	*Agency	,		(Type	tion Citation) + Citation) FR 262.1)			_	ate Determined (mm/dd/yyyy)	
						 								
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^{*}Required Fields



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

Inspection Date	3/2/07
Jusp ZD #	1641670

Time Finish ____

HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Сс	ompar	ny name Aquated	h International			
EF	PA I.D	. Number PAD98	7395795	Employer I.D. N	umber (E.I.N.)	
Ad	Idress	1 Four Coins D	r., Canonsburg, PA 1531	7		
Сс	unty \	Washington	Munic	pality Canonsburg Boro	ZIP <u>15317</u>	
Na	me of	f Inspector <u>Shaw</u>	n Staley			
Na	ıme &	Title of Respons	ible Official Ken Kenned	У		
Pe	rson I	nterviewed <u>same</u>)		Telephone (724) -7465300	
Ma	ailing A	Address (if differe	ent from above)			
An	nount	of Hazardous Wa	aste Generated per Mon	th:. <u></u>	kg	
Wa	aste D	etermination Co	mpleted? 🔀 Yes 🗌 No	Waste On-Site Greate	r Than 1,000 kg. 🗌 Yes 🛭 No.	
Un	iversa	al Waste: Large 0	Quantity Handler? 🗌	Small Quantity Handler?		
Un	iversa	ıl Waste Types_				
1.	Was	te Handling Met	thod:			
		_	reatment, storage or di	sposal facility permitted	under Chapter 270a and incorporated	
	Off-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporate sections of 40 CFR Part 270 or having interim status under Chapter 265a and incorporated sections of 40 CFR Part 265.					
			ent & off-site treatment, e Section 261a.5.	storage or disposal in o	ompliance with 40 CFR Section 261.5	
	X	Off-Site in a pe	rmitted municipal or indu	strial facility in another sta	ate.	
		Off-Site to a fac	cility which beneficially us	es or reuses, or legitimat	ely recycles or reclaims its waste.	
		Off-Site to a facilits waste.	cility that treats waste pri	or to beneficial use or re	use, or legitimately recycles or reclaims	
?.	11	License	orter Name <u>Safely k</u> Number <u>PA - A H o I</u>	Teen Systems Bus 12	yes □ no TVR000050930	
5.	Туре	s of hazardous	waste generated and d	estination facility (locat	ion & type).	
	1	Waste Code	Waste D	escription	Destination Facility	
	100°	3, 1005, 2001	Waste Paint Relate	ed Maferial	Safety Kleen Systems, Duc.	
					3700 Lagrange Rd.	
		- All			Davisticia, Ky 40068	
	L					

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 8/2/07	Identification Number	PAD987395795
Company/Facility/Site Name		
On site to conduct a row	ine inspection	at The above
referenced facility with Ken Kenn	redy, Senior Mgs.	of Manufacturing,
Agratech manafactures water		
applications in industry. Treatment	/	
systems, dejonization, desalination	etc. Componer	its are typically
prefabricated prior to arriving at	This location a	nd are assembled
and tested here. Some componer		
result in the only hazardous was	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
paint related material (F003, F005, E	1 11 12	4
exempt small quantity severator	, , , , .	
No stroments have been made		_ / /
Waste is accumulated in a		
area. The container was lidded	4 .1 .	
The last shipment was made	m 11/6/06 to	Dafrity Klosen System
In Cacronec, KY. Agratech con		
of Manifest document # 0001195	49 during The	Inspection. The
Dept. suggests contacting The des	,	, to obtain a copy
of The completed manifest, it yo		e to locate a
copy at This location. A copy the	ould be sent o	r taxed to my
attention.	0 1// 1	
Agratech has decommissioned	The Sandblosti	ing booth and only
generates non-hazardous general	plant trash an	d office trush. Site
conditions were stable and order	y. No Violat	ions observed during
This inspection.		<u> </u>
This inspection report is notice of the findings of an inspection conducted by a represent inspection. Additional notification of violations may be issued concerning either violations noted records.		
This report does not constitute an order or other appealable action of the Department. It violation noted herein.	Nothing contained herein shall be deemed	d to grant or imply immunity from legal action for any
Signature by the persons interviewed does not pecessarily imply concurrence with the find was left with the person.	lings on this report, but does acknowledge	e that the person was shown the report or that a copy
Person Interviewed // Somely		Date 8/2/01
Inspector Lawn Lawn		Date 8/2/07
(Signature)		



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date	3/3/99	7	٠
Time Start			
Time Finish			

HAZARDOUS WASTE INSPECTION REPORT
CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

company name Agratich International 1.D. Number PAD9873957
Address # Form Coins Dr. Canonsbury, PA 15317
County Wightupon Municipality Canonsbure Boro ZIP 15317
Name of Inspector Shawn Staley
Name & Title of Responsible Official Len Dennedu
Person Interviewed Game Telephone (724) 746-5300
Mailing Address (if different from above)
Amount of Hazardous Waste Generated per Month: 4/00 kg 4220 lbs
Waste Determination Completed? ☑ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No.
Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐
Universal Waste Types
1. Waste Handling Method:
On-Site in a treatment, storage or disposal facility permitted under Chapter 270.
Off-Site in a treatment, storage or disposal facility permitted under Chapter 270 or having interim
status under Chapter 265
On-Site treatment & off-site treatment, storage or disposal in compliance with 261.5(f)(g) or (j).
Off-Site in a permitted municipal or industrial facility in another state.
Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste
Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or
reclaims its waste
2. Hazardous Waste Transportation: Self transportation yes no
If no: Transporter Name Sylvy Cleen Cop.
License Number #A-AH 6112
3. Types of hazardous waste generated and destination facility (location & type).
Waste Code Waste Description Destination Facility
F003,5 Ussle Paint Related Naterial Step Fleen Systems
Swithfield Ry 40068
a the manufacture with the second control of

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection	3/3/99	Identification Nu	ımber <u><i>PAD9</i>87</u> 3	395795
Company/Facility/Site Name	Aguatech	Enternational		
	conduct a voi		quantity gove	nator
	chung Manager	for Aquatee	<i>U</i> . '	
Agustech	ranufactures industrial cus	1 1 2	nt systems	to 1/2
unites occurated	10 :+		waste edin	Hacuaous Felated
-1- / ^ /	005). Generatio	<i>I</i>	e calculate	d bused
on the 1998	varifests from	A/A I A	en Generation	7 1
a Conditional	1 2016 cut	nall quantity	senerator.	fech
Residual w	astes (Non-hazar	, \0	ited to very	small
	este oi / cuttine o	1	- 11 00 1	l plant. Steel
Shot from occa	/;	preparation	activities i	s likewisi
resused.	t containers u	· · · · · · · · · · · · · · · · · · ·	I and placed	
portable spill pa	llet.	Luring This T	nspection.	
		<u> </u>		
				
This inspection report is noti	ce of the findings of an inspec	tion conducted by a represe	ntative of the Department.	This report is
formal notification of any violation either violations noted herein, or ot	ns observed during the inspec	tion. Additional notificatio sult of review of laboratory	n of violations may be issu analyses or Department reco	ed concerning ords.
deemed to grant or imply immunity Signature by the person ir acknowledge that the person was si	terviewed does not necessar	ily imply concurrence with	the findings on this rep	ort, but does
Person interviewed (signatu	re) the	K	Date	
Inspector (signature)	Maun Star	ley	Date 3/3/99	
	`	Recycled Paper	Page_	<u>Zof</u> <u>Z</u>

and the second section of	per many in the unshaded areas only		•	544 No. 31-4-6
•			10 - For Officia	l Use Only
,				
VIII. Type of Regulated Waste Activity (Mark 'X' In the appropriate boxes.	Refer to ins	(ructions.)	
A. Hazardous V	Wasto Activity		3. Usod Oil Fuel A	ctivities
1. Generator (See Instructions) a. Greater than 1000kg/mg (2,200 lbs.) b. 100 to 1000 kg/mg (220 - 2,200 lbs.) c. Less than 100 kg/mg (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water	a. Generator Marketing to	Bumor co(c) - coxco	b. Other Mari	Marketing to Burne
5. Other - specify		VC. 300000 100000	HANDI DANGAR BANGAR (ASSERTANCA)	SDYN FAN ADERSHED IN TO STAN A SECTION AS A S
IX. Description of Regulated Wastes (U.	se additional sheets if necessary)			
A. Characteristics of Monlisted Hazardous Nation your installation handles. (See 40 C		onding to the ci	haracteristics of noni	isted hazaroous
1. Ignitable 2. Corrosive 3. Reactive 4 (0001) (0002) (0003) 8. Usted Hazardous Wastes. (See 40 CFR 2 F 0 0 7 F 0 0 2 8	(DOSS) (Ust specific EPA hazar 261.31 - 33. See instructions if you need 3 FOOS 9 10	d to list more by		
C. Other Wastes, (State or other wastes requ	urring an I.D. number. See instructions.)	5	6
X. Certification				
I certify under penalty of law that I have and all attached documents, and to obtaining the information, I believe that there are significant penalties imprisonment.	hat based on my Inquiry of th that the submitted information s for submitting false informa	ose Individo Is true, acc ation, includ	uals Immediatel aurate, and comp ding the possib	y responsible for the second place of the seco
Signature . , J	Name and Official Title (type or a	orint)	Date Signe	Ga .
XI. Comments	jean prigr.			193 ₁
	!		400 A 3000	
			3333	W-111

Mouse refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

United States Environmental Protection Agency I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's ERATO, Number B. Subsequent Notification A. First Notification (complete item C) II. Name of Installation (Include company and specific site name) III. Location of installation (Physical address not P.O. Box or Route Number) Street Street (continued) City or Town State ZIP Code County Name IV. Installation Mailing Address (See Instructions) Street or P.O. Box State ZIP Code City or Town V. Installation Contact (Person to be contacted regarding waste activities at site) (ffrst) Name (last) Phone Number (2102 code and number) Job THIE VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Mailing Location State ZIP Code City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner Street, P.O. Box, or Route Number City or Town State ZIP Code (Date Changed) C. Owner Type D. Change of Owner B. Land Type Indicator

4

No



ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

BAD987395795

AQUATECH INTERNATIONAL 1 FOUR COINS DR

CANNONSBURG . FA :15317

DENNIS GRAY MGR PRODUCTION

INSTALLATION ADDRESS

1 FOUR COINS OR

CANNONSBURG AFA :15317

EPA Form 8700-12B (6-90)